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ABSTRACT

A group of 261 college juniors, seniors, and graduate students anticipating careers in mental health professions were administered an instrument designed to measure attitudes toward old age (people 65 and older). The instrument consisted of 60 statements regarding old age, and used a six-point Likert-type scale. Items were categorized into 10 subscales with three positively stated items and three negatively stated items. These 10 subscales were hypothesized to reflect traits characteristic of the overall functioning of persons over 65, and to represent areas in which people tend to have strong opinions regarding old age. Completed instruments were then categorized according to the respondents' college major and career goals, and the resulting five data groups, plus the combined group, were analyzed for internal consistency using Cronbach's coefficient alpha. After an initial pilot study of the instrument, based on analysis of five separate data groups and the combined group, there appeared to be a fairly homogeneous measure of attitudes toward old age. However, results showed a significant difference in the responses of persons planning to work with older adults, compared to those with other career goals. (The items are appended.) (Author/KSA)

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Development of an Instrument to Measure Attitudes Toward Old Age.

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ABSTRACT

An instrument was developed to measure the attitudes toward old age, of college students anticipating careers in a helping profession (i.e. a profession concerned with the mental health of individuals). College juniors, seniors and graduate students (n=261) were administered the instrument which consists of 60 statements regarding old age, and were asked to rate each statement on a six point Likert-type scale ranging from very strongly disagree to very strongly agree. Completed instruments were then categorized according to the respondents' major and career goals, and the resulting five data groups, plus the combined group, were analyzed for internal consistency using Cronbach's coefficient alpha. Results showed a significant difference in the responses of persons planning to work with older adults, compared to those with other career goals.

Development of an Instrument to
Measure Attitudes Toward Old Age

This project involved the construction, piloting and internal consistency analysis of an instrument measuring the construct of attitudes toward old age. The purpose of selecting this construct was to obtain information which may eventually enable us to more clearly understand the variables affecting mental health services for the elderly. For the purpose of our project, we defined "old age" as that part of the life span which encompasses persons 65 and older. This definition was chosen because 65 is the age most people recognize as the beginning of the "old age" part of the life span. For the remainder of this paper, persons in this age catagory will be referred to interchangably as "elderly" and "older adults."

Gerontology is the science of old age. One of the areas of concern within the field of gerontology is the extent to which mental health professionals are meeting the needs of older adults. Social indicator data derived from public reports show

several subgroups of the population to be at risk for mental illness. Older adults for example are overrepresented among the poor or nearly poor (approximately 30 %) and many aged women tend to live longer than men resulting in a large population of widows. Social indicator data provide estimates for the need of mental health services within a community (Poon, 1980). Epidemiological data also provide estimates of mental health service needs of the elderly. Based upon seven studies of prevalence rates for mental illness among noninstitutionalized older age groups, Kramer, Taube, and Redick (1973) estimated that from 10 percent to 20 percent of persons age 65 and older were in need of mental health services.

There are several indicators of the need for mental health services of the elderly. However, it has been fairly well documented in the last five to ten years, that past efforts have failed to provide adequate services to meet the needs of older adults. Lack of services is evidenced in part by the low number of mental health professionals who provide

mental health services to the elderly. In a national survey of clinical psychologists, Dye (1978) identified fewer than 400 of an unreported total who were seeing older adult clients. Similarly, of the 25,510 psychologists listed in the National Register of Health Service Providers, only 28 reported that over 75 percent of their clientele were age 65 or older (Mills, Wellner, & VandenBos, 1979).

There are several factors believed to be related to the inadequacy of mental health services for the elderly. One factor is the use of an individual service model. Several authors have suggested that many of the problems of older adults are created by social factors such as economic trends, role loss, and negative stereotypes. Since helping professionals have shifted their attention to the individual client, the client has become blamed for his or her problems and links to the larger social context are forgotten (Ryan, 1976).

Another factor related to inadequate services is the oversocialization of service facilities and organizations. For example, the Community Mental

Health Center Act of 1963 resulted in federally funded, community-based (i.e. socialized) treatment programs for the mentally ill. However, past history has shown that such community mental health centers have been underutilized by older adults, partly because of: (1) the failure of such operations to focus on the specific characteristics and needs of older populations, and (2) the fact that many older adults have not been able to afford mental health services.

Finally, professional self interest is also believed to be a factor contributing to the underutilization of community mental health centers by the elderly. This suggests there is a lack of interest of the mental health professional in serving the older adult population which has contributed to the exclusion of the elderly from services (Gatz, Smyer, & Lawton, 1980).

Part of the reason for a lack of professional self interest in working with the elderly is related to the attitudes and stereotypes of many mental health professionals toward the elderly. In a study

of attitudes of psychiatrists toward elderly patients, it was found that the psychiatrists regarded older patients as less ideal for their practice than younger patients with the same symptoms. Reportedly, older patients were believed to have a poorer prognosis (Ford & Sbordone, 1980).

Our study focuses on the professional self interest factor, specifically as it relates to the attitudes of the mental health professional toward the elderly. The instrument developed, and discussed in this paper has the potential to allow further investigation of how the attitudes of mental health professionals influence the lack of adequate mental health services for the elderly.

Methods

Instrument Construction

The instrument consists of 60 statements which are reflective of either healthy or unhealthy attitudes toward old age. Healthy attitudes are those attitudes which present the elderly in a positive way, while unhealthy attitudes are those which present the elderly in a negative way. A

survey consisting of the statements, to be rated on a Likert-type scale, was selected as the mode for collecting data. This format was selected due to its appropriateness for attitude measurement, since direct measurement of attitudes is not possible.

The 60 items for this instrument were generated on the basis of research findings (e.g. Kogan, 1961; Tuckman & Lorge, 1953) related to attitudes toward old age. Both healthy and unhealthy attitudes were represented by the items. An instrument weighted with only one type of item statement might appear too one sided to respondents, thereby resulting in inaccurate measures of their true attitudes. The positiveness (healthy attitudes) and negativeness (unhealthy attitudes) of items was decided on the basis of face validity by the researchers.

The items were categorized into 10 subscales with each subscale containing six items, three positively stated and three negatively stated. These ten subscales were developed because they were hypothesized to reflect traits which are characteristic of the overall functioning of persons

over 65, and because they are areas in which people tend to have strong opinions regarding old age. A limit of six items per subscale was chosen in order to keep the instrument from becoming too time consuming, and to enable the researchers to include an equal number of positive and negative items on each subscale. The 10 subscales are (1)Socioeconomic (SE) containing statements about financial status, (2) Social Relations (SR) containing statements about relationships outside the family, (3) Work Productivity (WP) containing statements about the older person in the work force, (4) Family (F) containing statements about relationships within the family, (5)Personality Traits (PT) containing statements about personality characteristics, (6) Physical (P) containing statements about biological functions in old age, (7) Cognitive (C) containing statements about how older persons think and reason, (8) Sex (S) containing statements about sexual behavior in old age, (9) Self Concept (SC) containing statements about how old people view themselves, and (10) Mental Health (MH) containing statements about

mental health in old age.

Each statement utilizes a six point Likert-type scale with response options being (1) Very Strongly Disagree, (2) Strongly Disagree, (3) Disagree, (4) Agree, (5) Strongly Agree, and (6) Very Strongly Agree. A person who responds to a positively stated item by circling six would reflect a positive attitude on that item; a person who responds to a negatively stated item by circling one would reflect a negative attitude. The researchers used a six-point Likert-type scale so that a neutral rating would be eliminated, thus forcing a choice. A Likert-type scale was used because it allows for a wider range of responses than would a true/false type instrument, while remaining objectively scorable. A copy of the instrument appears in the appendix.

Subjects

Subjects were 261 junior, senior and graduate level college students from a midsized university in Kentucky. The variable of concern to this study was professional self-interest in reference to working

with the elderly as measured by attitudes toward old age. Therefore, classes of students were selected that would most likely contain students planning careers in a "helping profession." Helping profession was defined, in this study, as a profession concerned with the mental health of an individual. Based on this definition, students majoring in Psychology, Social Work, Nursing, Counseling Education and Health and Safety were selected to participate. Upper level classes were chosen because they were more likely to consist of students who were sure of their major in one of the above mentioned areas. This was important, as we wanted to keep at a minimum the number of students whose major area fell outside our definition of helping profession.

Procedures

All subjects were administered the instrument in a group setting, after permission was elicited from the professor in each participating class. All subjects were given identical instruments with

instructions to provide demographic information on age, sex, and race, describe their major and career goals, and respond to each statement in the instrument. Each administration was preceded by a short explanation of the project. To insure confidentiality subjects were asked not to sign their names to the instrument.

After all the completed instruments were collected, they were sorted into five categories according to the information on major and career goals given by the subjects. The five categories are: (1) helping profession major with emphasis in gerontology, called Geront.Yes (n=18); (2) helping profession major with no particular emphasis, called General.Yes (n=85); (3) helping profession with definite emphasis in an area other than gerontology (i.e. child psychology) called Helping.No (n=59); (4) non-helping profession, called Nonhelp.No (n=49); and (5) undecided or unknown, called Maybe (n=50). Although 261 instruments were collected, only 244 were analyzed due to missing data on some instruments. The usable returns for each data group

are as follows: Geront.Yes, 16; General.Yes, 80; Helping.No, 57; Nonhelp.No, 46; and Maybe, 45.

Results

Internal consistency was analyzed using Cronbach's coefficent alpha (Ghiselli, Campbell & Zedeck 1981), both for the five separate data groups and for the combined group across the 10 subscales. The data indicate that subscale and total test coefficient alphas were fairly high and consistent for each of the five data groups. In the combined data group a total test coefficent alpha of .73 indicates that, overall, the original test items consistently measure the same thing to a relatively high degree. Coefficient alphas for the five separate data groups, for the total test, range from .43 for the Geront.Yes group, to .81 for the Maybe group. The initial internal consistency data are summarized in table 1.

Insert Table 1 about here

The pattern of alpha coefficients, when graphed both for the five smaller data groups and the

combined group show two important findings. First, there appears to be a significantly and consistently lower pattern of coefficients for the Geront.Yes group compared to the other four groups. Second, there are several subscales which have consistently high coefficients and several which have consistently low coefficients when comparing the five data groups. These subscale patterns are shown in figure 1.

Insert Figure 1 about here.

Item means for the total group were analyzed to determine which items did not discriminate well between subjects with positive and negative attitudes. With a six point Likert scale, an item mean of 3.5 would indicate that the item was discriminating well since equal numbers of subjects would be scoring on both sides of the scale. In contrast, means of two and under and five and above would indicate that a majority of subjects were scoring on one extreme end of the scale or the other, and hence the item would not discriminate well.

Several items in the present instrument were found to discriminate poorly. The items having poor discriminating properties and their means are listed in Table 2.

Insert Table 2 about here

Based on the total group, there were also several items which correlated negatively with the total test. A negative item-total correlation indicates that a particular item is not measuring the same construct as the total test, or that it is measuring the construct in an opposite direction from the total test. Thus items having negative item-total correlations do not discriminate between subjects' responses, in this case negative and positive attitudes. Items having negative item-total correlations are listed in Table 3.

Insert Table 3 about here

Discussion

The above information indicates that after an initial pilot study our instrument, based on analysis of five separate data groups and the combined group, appears to be a fairly homogeneous measure of attitudes toward old age. Internal consistency based upon computation of Cronbach's coefficient alpha, indicates that for each of the five data groups there is a consistent pattern of agreement on the ten subscales of the test. Based on the combined group analysis, six out of the ten subscales have alpha coefficients of .42 or above and the overall alpha coefficient is .73.

The most outstanding finding is the lower pattern of alpha coefficients in the Geront.Yes data group across subscales, as compared to the other four groups. One explanation for this would seem to be that since the Geront.Yes group contained only 16 subjects, as compared to 80, 57, 46, and 45 in the other groups, correlations in the Geront.Yes group would be lower. The reason why these correlations might be lower is that a small sample size can result

in restriction of range. Another possibility is that the subjects who plan to work specifically with older adults have more interest in old age and would necessarily have gained more knowledge about it. This would explain their differing reactions to the instrument items, which were generated on face validity and not fact.

There appear to be no meaningful differences among the coefficient alphas yielded by the other four groups. No significant differences between coefficient alphas were found. This could be an indication that the attitudes of helping profession oriented persons who have no particular interest in old age are no different from those persons who plan careers in a nonhelping field. Further research needs to be done to distinguish more clearly the differences between the helping and nonhelping profession groups, separate from those helping professionals with a particular interest in aging.

One other finding was that the sex subscale, containing six statements pertaining to sexual attitudes toward old age, had the lowest alpha

coefficients across the five data groups; all but the Maybe groups' data generated negative correlations. An analysis of the items in the Sex subscale shows three items to have either relatively high or low means, indicating poor discrimination, or negative item-total correlations. The inability of three items on this subscale to make adequate discrimination may explain the low reliability of the Sex subscale.

Overall, the items on the instrument tended to show good discrimination with only five items being weighted heavily in one direction or the other (i.e. two and below being a negative direction, five and above a positive direction). Items such as #19 will need to be reworded for clarity in order to increase the level of discrimination between positive and negative attitudes.

Out of 60 items total, only nine had negative item-total correlations when analyzed for the total test. This is another indication that the test as a whole is measuring what it was designed to measure. Items negatively correlated with the total test were

either too ambiguous (with several possible interpretations), weighted too heavily in either a positive or negative direction, or contained more than one idea (e.g., #44). These items will either have to be deleted from the instrument or reworded, in order to increase the alpha coefficient. Suggested changes for items with poor discrimination and/or negative item-total correlation are listed in table 4.

Insert Table 4 about here

Besides changing items for better internal consistency, there are several other "next steps" in developing this instrument. One step would be to find a larger population of students who would fit into the Geront.Yes data group, in order to make that group more comparable with the other four. Another step should be a validation study of the instrument.

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Table 1

Alpha coefficients for Total Test

and Subscales by Groups

	Groups					
	Geront.Yes	General.Yes	Helping.No	Nonhelp.No	Maybe	Combined
Scales						
TOT	.43	.73	.72	.68	.81	.73
SE	.35	.67	.69	.56	.63	.64
SR	.11	.52	.47	.41	.51	.46
WP	.11	.44	.56	.009	.44	.42
F	-.46	.33	.40	.37	.19	.32
PT	.21	.23	.22	.31	.11	.22
P	.45	.46	.47	.45	.69	.53
C	.48	.68	.67	.21	.73	.62
S	-.62	-.38	-.006	-.01	.18	-.08
SC	-.33	.15	.20	.31	.09	.19
MH	.30	-.14	.25	.28	.33	.17

Table 2

Significant Item Means

Item	Mean	Subscale
13	2.04	Socioeconomic
19	5.25	Sex
31	5.00	Family
43	2.10	Self Esteem
48	5.09	Pers. Traits

Table 3

Negative Item-total Correlations

Item	Correlation	Subscale
07	-.07	Family
08	-.20	Mental Health
22	-.09	Pers. Traits
24	-.07	Mental Health
29	-.41	Sex
30	-.14	Work Product.
43	-.03	Self Esteem
44	-.11	Physical
59	-.06	Sex

Table 4

Suggested Item Changes

Items: 13, 19, 43, 48, 31

Problem: Too heavily weighted in negative or positive direction.

Remedy: Reword items to sound less absolute.

Items: 07, 22

Problem: Can be interpreted two ways.

Remedy: Reword items to more clearly express one idea.

Items: 08, 44

Problem: Two ideas expressed in one statement.

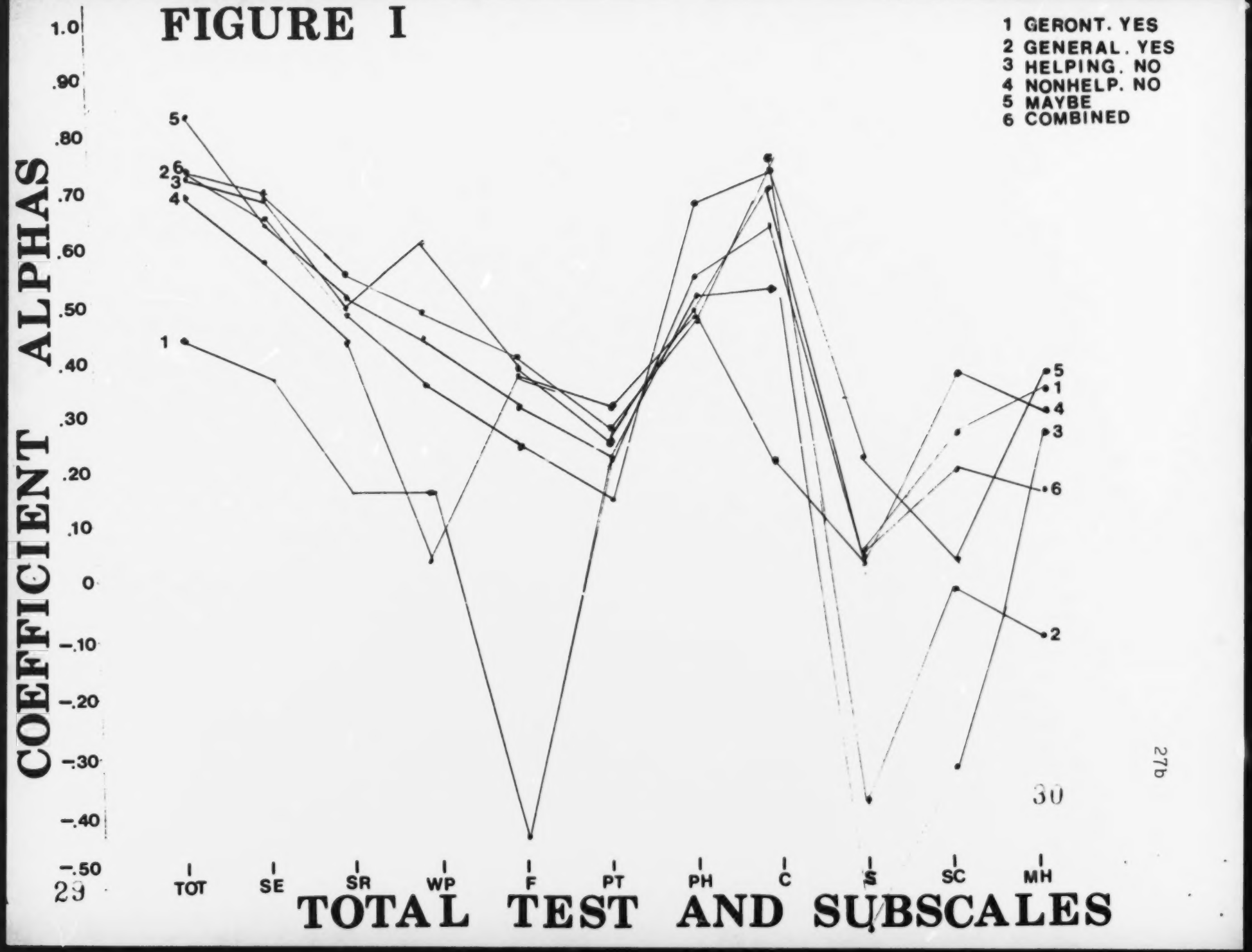
Remedy: Break statements into two separate items.

Items: 24, 59, 29, 30

Problem: Ambiguous words or phrases make statement hard to interpret.

Remedy: Clarify meaning of statement.

FIGURE I


1 GERONT. YES
2 GENERAL. YES
3 HELPING. NO
4 NONHELP. NO
5 MAYBE
6 COMBINED
COEFFICIENT ALPHAS
1.0
.90
.80
.70
.60
.50
.40
.30
.20
.10
0
-.10
-.20
-.30
-.40
-.50
TOT
SE
SR
WP
F
PT
PH
C
S
SC
MH
TOTAL TEST AND SUBSCALES

Appendix

Please fill out the following information.

Course _____

Instructor _____

Age _____

Sex _____

Race _____

Major _____

Briefly describe your career goals. _____

_____

_____

The following instrument lists a number of statements concerning old age. Read each statement carefully and respond by indicating your agreement or disagreement in the following manner.

If you very strongly disagree (VSD).....circle 1
If you strongly disagree (SD).....circle 2
If you disagree (D).....circle 3
If you agree (A).....circle 4
If you strongly agree (SA).....circle 5
If you very strongly agree (VSA).....circle 6

1. Holidays are important social outlets for older persons.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

2. The majority of older persons would prefer to continue working as long as they can.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

3. As people grow older, they are more likely to think of themselves as unattractive.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

4. Depression is more common among persons 65 and over than among any other age group.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

5. By the time the majority of people reach retirement they are financially secure.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

6. More elderly people live below poverty level than any other age group.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

7. The majority of old people live with their children.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

8. Old people experience less stress because they don't have as many responsibilities as they used to.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

9. Becoming absent-minded is a normal part of growing old.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

10. Most old people find it easy to let their children pursue lifestyles different from their own.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

11. As people age, they become more self reflective (i.e thinking about who they are, and what they have experienced.)

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

12. Most old people make the same kinds of demands for love and reassurance as younger children do.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

13. The elderly are financially able to take care of all their health needs.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

14. Old people take longer to learn new tasks than other age groups.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

15. There is no difference in the rate of contentment between older and younger adults.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

16. Most old people can only concentrate on simple tasks.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

17. As people become old they lose the emotional control they had as younger adults.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

18. Sexual desire seems to increase with age for the majority of older adults.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

19. Old men who want to engage in sex are "dirty minded."

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

20. Experiencing grief is just as common among younger persons as among older persons.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

21. Older persons are dependent upon their families to supplement their income.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

22. Older people like to help others by giving advice.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

23. The majority of older people are preoccupied with death.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

24. Older persons are less likely to have psychological problems than younger adults.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

25. Older people are good with children.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

26. Most older people would like to remain or become involved in community affairs.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

27. A common experience of old persons is that of feeling useless.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

28. Older workers take jobs away from younger, more productive workers.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

29. Physically, sexual intercourse becomes difficult if not impossible after age 65.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

30. Older workers are less likely than younger workers to take risks on the job.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

31. Older persons should be considered important in family affairs and decisions.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

32. Old people complain a lot about the behavior of the younger generation.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

33. Mandatory retirement should be enforced in all areas of employment.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

34. The elderly today cannot afford to pay for Medicare.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

35. Most old people want to be with their children all the time.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

36. As couples age they become bored with their marriages.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

37. Old people believe extramarital sex is a sin more strongly than younger people.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

38. Old people are scared to go out. They would rather stay at home.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

39. All five senses tend to remain active during old age.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

40. Old age does not affect one's ability to make important decisions.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

41. When people get old they become set in their ways and are unable to change.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

42. Todays working force is hindered by the continued employment of older workers.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

43. Older people get along fine with their social security payments.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

44. Older persons develop good eating habits because they have learned over the years what is best for them.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

45. Older workers are valuable role models.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

46. As the majority of people grow old they prefer to withdraw from society.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

47. Old people have shorter attention spans than do younger adults.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

48. Older people are just as unique and diverse as other age groups.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

49. When people grow old they have a harder time taking care of their personal hygiene.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

50. People over 65 develop infections much easier than people in other age groups.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

51. Senility is a common occurrence among people 65 and over.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

52. Older adults have little trouble making new adjustments when the situation demands it.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

53. Most old people feel their children neglect them.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

54. Bowel and bladder control problems are just as common for younger adults as for older people.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

55. The majority of old people only wish to relate to others their own age.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

56. Older persons see themselves as role models for their grandchildren.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

57. People grow wiser with the coming of age.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

58. It is suggested that old people take a nap everyday to keep from getting too tired.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

59. Physical affection becomes increasingly important as people age.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

60. It's normal for older women who have become widowed to want to remarry.

VSD	SD	D	A	SA	VSA
1	2	3	4	5	6

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